

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL.: 587-0460 FAX: 587-0470

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(See back of this form for instructions) STATE OF HAWAII

(Type or Print Clearly) STATE ETHICS COMMISSION

PART I LOBBY	IST		
NAME(Last)	(First)	() () ()	
• •		(Middle)	TELEPHONE
KANEKO	WILLIAM	М.	524-1800
MAILING ADDRESS (Street) (City) (State) (Zip Code) 18th Floor, American Savings Bank Tower, 1001 Bishop St., Honolulu, HI 96813			
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE			
ALSTON HUNT	FLOYD & ING		524-1800
MAILING ADDRESS	(Street)	(City) (St	tate) (Zip Code)
18th Floor, American Savings Bank Tower, 1001 Bishop St., Honolulu, HI 96813			
PART II ORGANIZATION			
NAME OF ORGANIZAT	ION YOU LOBBY FOR (Do not abbreviate)	West of the second seco	TELEPHONE
HAWAII DENTA	AL HYGIENISTS' ASSOCIATION	ı	(808) 939-7100
MAILING ADDRESS	(Street)		rate) (Zip Code)
P.O. Box 2138, Kealakekua, Hawaii 96750			
NAME OF PERSON RE	SPONSIBLE FOR PREPARING ORGANIZATION	ON'S EXPENDITURES STATEMENT	ŢĘĻĘPHONE
SIERRA SPRUCE	, President		(808) 939 - 7100
MAILING ADDRESS	(Street)	(City) (St	ate) (Zip Code)
P.O. Box 2138	, Kealakekua, HI 96750		
PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
Agriculture	Education	Human Services	Science, Technology & Economic Development
Communication Public Utilities	S & Government Operations 8 Finance	Intergovernmental Relations International Affairs	, Tourism & Recreation
Consumer Prote	ection & Hawaiian Affairs	Labor & Employment	Transportaion
Culture, Arts, His Preservation	storic x Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental P	/, Housing Protection	Public Safety & Corrections	-
PART IV CERTIFICATION OF LOBBYIST			
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.			
	Millean		24/03
	(Signature of Lobbyist)		(Date)
PART V AUTHO	ORIZATION TO LOBBY		
NAME		TITLE OF AUTHORIZING OFFICE	ER OR PERSON REPRESENTED
SIERRA SPRUCI	B . 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 -	President	
NAME OF ORGANIZAT	ION (if applicable)		TELEPHONE (808)
	L HYGIENISTS' ASSOCIATION	(City) (C	939-7100 tate) (Zip Code)
MAILING ADDRESS	(Street)	• • • • • • • • • • • • • • • • • • • •	(Zip Oode)
P.O. Box 2138, Kealakekua, Hawaii 96750			
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
Jeu	a Juce		3-31-03
(Signa	ature of Authorizing Officer or Person Represe	nted)	(Date)